



SEWAGE SLUDGE AND BIOSOLIDS USE OR DISPOSAL REPORTING FORM
FOR

DISPOSAL IN A PERMITTED LANDFILL OR INTRODUCTION INTO A PERMITTED DOMESTIC SEWAGE TREATMENT WORKS

(NOTE: A separate form must be filled out if your Use or Disposal Option is: (1) Land Application or (2) Incineration)

Please fill out the form completely, read the Certification Statements on Page 3 of 3 of this form, sign and date, and mail the completed form on February 28th of each year to:

Louisiana Department of Environmental Quality
Office of Environmental Services
Water Permits Division
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313

Name of Facility:		Contact Person:	
Agency Interest#:		Permit#:	
TEMPO Identification#:		Transporter/Hauler Registration#:	
Outfall Number (NOTE: Only required if possess a Sewage Sludge & Biosolids Use or Disposal Permit):			

(1) Date of Report: _____

(2) Reporting Period: From: _____ To: _____

(NOTE: The Reporting Period is from January 1st to December 31st of the Previous Year.)

(3) Select the type of disposal (Check all that applies.):

☐ Disposal in a Permitted Landfill

☐ Introduction into a Permitted Domestic Sewage Treatment Works

(4) Indicate the Type of Material, annual amount received (prior to the material being prepared) and the annual amount prepared at your facility for the Reporting Period indicated in Number (2) above (Check all that applies):

Sewage Sludge	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____
Domestic Septage	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____
Portable Toilet Waste	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____
Grease Waste	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____



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(5) Total Annual Amount Disposed: _____ **Check One:** ☐ Gallons/Yr ☐ Tons/Yr

(6) If the disposal of the material indicated in Number 4 above is in a landfill, provide the results for the following:

Toxicity Characteristic Leaching Procedure (TCLP) -----

☐ PASS ☐ FAIL

Total PCB -----

☐ PASS ☐ FAIL

Paint Filter Liquids Test (NOTE: Only if required by the Landfill.) -----

☐ PASS ☐ FAIL

(7) Material Disposed at:

Facility Name	Address	Contact Phone Number	Gallons/Yr	Tons/Yr

(8) Certification Statement:

"I certify, under penalty of law, that the information that will be used to determine compliance with the preparation of sewage sludge and ultimate disposal in a landfill permitted to accept sewage sludge was prepared under my direction and supervision in accordance with the system as described in the permit application, designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."

Signature: _____

Date signed: _____